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NAME:	FACSIMILE:	TELEPHONE:
MS AF	(571) 273-8300	

**FROM:** Barbara M. Hayashi**DATE:** August 13, 2007

Number of pages with cover page:	<b>13</b>	Our Reference 480062001800
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**Comments:**

Application No. 10/727,287

Attached: a) Transmittal Form, b) Response to Office Action – 11 pages.

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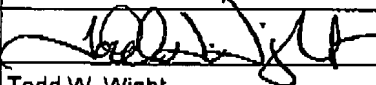
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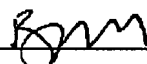
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/727,287	
	Filing Date	December 3, 2003	
	First Named Inventor	Scott W. SANDERS	
	Art Unit	3763	
	Examiner Name	T. Stigell	
Total Number of Pages in This Submission	12	Attorney Docket Number	480062001800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224	
Signature		
Printed name	Todd W. Wight	
Date	August 13, 2007	Reg. No. 45,218

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
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**REPLY UNDER 37 C.F.R. § 116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER 3700**

Docket No.: 480062001800  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Scott W. SANDERS

Application No.: 10/727,287

Confirmation No.: 4663

Filed: December 3, 2003

Art Unit: 3763

For: PORT STEM MARKING FOR CATHETER  
PLACEMENT

Examiner: T. Stigell

**AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This is in response to the final Office Action dated June 13, 2007, for which a response is due on September 13, 2007. This response is filed within two months of the issuance of the final Office Action and therefore qualifies for expedited review. Reconsideration and allowance of the pending claims, as amended, in light of the remarks presented herein are respectfully requested.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

oc-330361